

**CITY OF EL PASO, TEXAS**  
**AGENDA ITEM DEPARTMENT HEAD'S SUMMARY FORM**

**DEPARTMENT:** POLICE

**AGENDA DATE:** July 5, 2005

**CONTACT PERSON/PHONE:** ASSISTANT CHIEF PAUL CROSS / 564-7310  
MARTA GINER / 564-7119

**DISTRICT(S) AFFECTED:** ALL

**SUBJECT:**

Approve a resolution to authorize the City Manager or her designee to apply for, accept, reject, alter or terminate an Office of the Attorney General – VCLG Grant from the Crime Victims Services Division. The grant is in the amount of \$39,000.00, with a cash match in the amount of \$3,777.00 and an in-kind match of \$960.00. The cash match will be funded through Confiscated Funds, account #21150060-500231-16371, for a total of \$43,737.00. Please note that a Resolution is required by the granting agency.

**BACKGROUND / DISCUSSION:**

The grant funds will continue the efforts of the previous VCLG Grant. Funds will be utilized to provide follow up effort by contacting victims of domestic violence, offering available services of the Victim Services Unit and assistance with compensation applications.

**PRIOR COUNCIL ACTION:**

**Has the Council previously considered this item or a closely related one?**

This application is for a recurring grant. This item was previously placed on City Council agenda for action on July 15, 2003.

**AMOUNT AND SOURCE OF FUNDING:**

**How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?**

State Grant Proceeds will fund this item. The cash match will be funded through Confiscated Funds, account # 21150060-500231-16371.

**BOARD / COMMISSION ACTION:**

**Enter appropriate comments or N/A**

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\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**LEGAL:** (if required) \_\_\_\_\_ **FINANCE:** (if required) \_\_\_\_\_

**DEPARTMENT HEAD:**

(Example: if RCA is initiated by Purchasing, client department should sign also)  
*Information copy to appropriate Deputy City Manager*

**APPROVED FOR AGENDA:**

**CITY MANAGER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## **RESOLUTION**

**WHEREAS**, the El Paso City Council finds it in the best interest of the citizens of El Paso, that this grant project will be operated September 1, 2005 through August 31, 2006; and

**WHEREAS**, the El Paso City Council agrees that the entity will not use the existence of an Office of the Attorney General grant award to offset or decrease total salaries, expenses, and allowances that the applicant receives from the governing body at or after the time the grant is awarded; and

**WHEREAS**, the El Paso City Council agrees that in the event of loss or misuse of the Office of the Attorney General funds, the El Paso City Council assures that the funds will be returned to the Office of the Attorney General in full.

**WHEREAS**, the El Paso City Council designates the City Manager as the grantee's authorized official. The authorized official is given the power to apply for, accept, reject, alter or terminate the grant on behalf of the applicant agency.

**NOW THEREFORE, BE IT RESOLVED** that the El Paso City Council approves submission of the grant application for the Victim Coordinator and Liaison Grant (VCLG) 2006 to the Office of the Attorney General, Crime Victim Services Division.

1. The City Manager be authorized to sign the grant application including all understandings and assurances contained therein, and apply for, accept, reject, alter or terminate the grant in the amount of \$39,000.00, from the City of El Paso Police Department to the Office of the Attorney General, Crime Victim Services Division, for the purpose of continuing the efforts of the El Paso Police Department's VCLG program.

2. The City of El Paso agrees to provide a cash match of \$3,777.00 and in-kind matching funds in the amount of \$960.00.

Signed by:

Passed and Approved this 5<sup>th</sup> of July 2005.

CITY OF EL PASO

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John F. Cook  
Mayor

ATTEST:

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Richarda Duffy Momsen  
City Clerk

Approved as to form:

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Ernesto Rodriguez  
Assistant City Attorney

## ATTACHMENT – B

### “Resolution from the Governing Body”

Applicants must submit a resolution signed by the governing body that includes:

- a statement authorizing the submission of the application to OAG;
- a statement identifying the funding source for which funding is requested;
- a statement identifying the position title of the authorized signator;
- a statement regarding supplanting that includes the following wording “the entity will not use the existence of an OAG grant award to offset or decrease total salaries, expenses, and allowances that the applicant receives from the governing body at or after the time the grant is awarded”;
- a statement that includes the following wording “in the event of loss or misuse of OAG funds, the governing body assures that the funds will be returned to OAG in full.” *This statement is required for local units of governments only.*

## GRANT APPLICATION REVIEW

DEPARTMENT <div style="text-align: center; font-weight: bold;">Police</div> GRANT CONTACT PERSON: Liz Ovalle PHONE # - 564-7088	TYPE OF GRANT <div style="text-align: center; font-weight: bold;">Crime Victims Services VCLG</div>	CONTROL # <div style="height: 40px; border: 1px solid black;"></div>				
GRANTOR <div style="text-align: center; font-weight: bold;">Office of the Attorney General Crime Victims Services Division</div>	EFFECTIVE DATE <div style="text-align: center; font-weight: bold;">9/1/05-8/31/06</div>	MATCHING FUNDS REQUIRED <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; text-align: center; width: 15%;">X</td> <td style="padding: 0 10px;">YES</td> <td style="border: 1px solid black; text-align: center; width: 15%;"></td> <td style="padding: 0 10px;">NO</td> </tr> </table>	X	YES		NO
X	YES		NO			

SOURCE OF FUNDS (GRANT AMOUNT, MATCHING , IN-KIND, INTERGOVERN.)			
	Grant	\$39,000.00	
	Cash Match	\$3,777.00	Confiscated funds account #21150060-500231-16371
	InKind Match	\$960.00	
	Total	\$43,737.00	

PERSONNEL FUNDED BY GRANT
Full-time Services Supervisor

BRIEFLY DESCRIBE HOW GRANT WILL BE USED AND ANY SPECIAL CONDITIONS FOR GRANT:
Funds will be used to provide follow up efforts by contacting victims of domestic violence, offering available services of the Victim Services Unit and assistance with compensation applications.

GRANTS COORDINATOR	DATE AND TIME	OMB ANALYST	DATE AND TIME	
GRANTS ACCOUNTING MANAGER	DATE AND TIME	FINANCIAL OFFICER	DATE AND TIME	
LEGAL	DATE AND TIME	CITY MANAGER	DATE AND TIME	
Internal Review Process: Grants Office ⇌ OMB Analyst ⇌ Grants Accounting Manager (Comptroller's Office) ⇌ Finanacial Officer ⇌ Legal ⇌ City Manager ⇌ Originating Department/Agency				
COMMENTS				

## FY 06 OAG Grant Application for OVAG, VCLG and SAPCS

## Table of Contents:

Tab	Description	Directions
<u>A-Organization Cover Sheet</u>	Organization Cover Sheet	Enter general organization information
<u>B-Organization Type</u>	Organizational Characteristics	Select the type, sub-type, and service groups of the organization
<u>C-Application Information</u>	Application Information	Enter applicant's contact information and grant information
<u>D-Target Groups &amp; Program Info</u>	Targeted Groups and Program Information	Select each targeted group, special population and internal programs that will participate in the grant
<u>E-Services</u>	Targeted Services	Select each service that will be provided through this grant
<u>F-Target Activity Levels</u>	Target Activity Levels	Enter current and projected activity levels related to this application
<u>G-Counties Served</u>	Counties Served by Applicant	Select each county served by this grant
<u>H-New Applicant Financial Information</u>	New Applicant Financial Information (Non-Profit only)	Enter information about the applicant's financial capability
<u>I-Personnel</u>	Personnel Information	Enter general information concerning personnel positions requested
<u>J-Professional &amp; Consultant</u>	Professional & Consultant Expenses Requested	Enter requested professional and consultant expenses
<u>K-Travel</u>	Travel Requested	Enter requested travel expenses
<u>L-Equipment</u>	Equipment Requested	Enter requested equipment expenses
<u>M-Supplies</u>	Supplies Requested	Enter requested supply expenses
<u>N-Other Direct Operating Expenses</u>	Other Direct Operating Expenses Requested	Enter requested other expenses
<u>O-Federal Funds</u>	Federal Funds for Applicant	Enter all current and projected Federal funding
<u>P-State or Local Funds</u>	State or Local Government Funds	Enter all current and projected State or Local Government funding
<u>Q-Other Funds</u>	Other Sources of Funds	Enter all current and projected Other (non-governmental) funding
<u>R-FY 2006 Budget Summary</u>	Summary Budget Sheet	DO NOT ENTER information directly on this sheet - It will auto-fill

## COLOR KEY:

Can apply to OVAG, VCLG, or SAPCS

Applies to OVAG or VCLG ONLY

Applies to VCLG ONLY

Applies to SAPCS ONLY

Grant Application  
A-Organization Cover Sheet**Instructions****Applicant Information: (All applicants)**

Enter the agency or organization's *legal* name on the first line. For state agencies and local units of government, the legal name must be the state agency, county, or city. If applicable, enter the name the organization is doing business as, "dba" on the second line. Enter the Division of the Agency/Organization that will be administering the grant on the third line. On the fourth line, enter the payee identification number. All entities that have received funds from the state have been issued a state payee identification number. If unknown, first check with the chief financial officer for your agency/organization, then contact the Texas Comptroller's Office. If still unknown, use your employer identification number as assigned by the Internal Revenue Service. The year end date is the last day for your agency's fiscal year (either fiscal or calendar year end).

**Current OAG Funding: (All applicants)**

Please check any and all boxes to indicate which OAG funds your agency is currently receiving for Fiscal Year 2005. Please click the check box and then enter your grant number for each funding source your agency receives (OAG0...).

**Organization's Primary Location: (All applicants)**

Enter the physical address of organization's main office that would administer the grant, if funded.

**Organization Mailing Address: (All applicants)**

Enter the mailing address for the organization. Enter the organization's administrative phone number and hotline, if applicable. Enter a title for your project that generally describes what the project does. State whether the project is a local project or a statewide project. A statewide project is one that provides services in six (6) or more different Council of Governments (COG) Regions across Texas. Information about these regions can be found at: [www.txregionalcouncil.org](http://www.txregionalcouncil.org).

**1. Applicant Information: (All applicants)**

<b>Legal Name of Entity Applying:</b>	City of El Paso-El Paso Police Department
<b>(If applicable) Name Organization is Doing Business As (dba):</b>	
<b>Program, Division or Unit within Applicant Organization to Administer the Grant:</b>	Victim Services
<b>Agency's State Payee Identification Number:</b>	1746000749000
<b>Agency's Fiscal Year End Date:</b>	8/31/2005

**2. Current OAG Funding: (All applicants)**

Choose all OAG funding source(s) you currently receive (if any) in FY04-FY05 and list your current grant number

<b>Other Victim Assistance Grant (OVAG):</b>	<input checked="" type="checkbox"/>	04G02082
<b>Current Grant Number:</b>		
<b>Victim Coordinator and Liaison Grant (VCLG):</b>	<input checked="" type="checkbox"/>	04G03661
<b>Current Grant Number:</b>		
<b>Sexual Assault Prevention &amp; Crisis Services (SAPCS):</b>	<input type="checkbox"/>	
<b>Current Grant Number:</b>		

**3. Organization's Primary Location: (All applicants)**

<b>Physical Street Address:</b>	911 N. Raynor
<b>City:</b>	El Paso
<b>State:</b>	TX
<b>Zip:</b>	79903
<b>County:</b>	El Paso

**4. Organization Mailing Address: (All applicants)**

<b>Mailing Address:</b>	911 N. Raynor
<b>City:</b>	El Paso
<b>State:</b>	TX
<b>Zip:</b>	79903
<b>County:</b>	El Paso
<b>Administrative Phone Number:</b>	915-564-7088
<b>(If applicable) Hotline Number:</b>	
<b>Website:</b>	
<b>(OVAG/VCLG Only) Project Title:</b>	Victim Services Response Team
<b>Local or Statewide Project?:</b>	Local

<b>5. Executive Director: (Non Profits Only)</b>	
Mr., Ms., or other Title:	
First Name:	
Last Name:	
Position Title:	
Address Line 1:	
(optional) Address Line 2:	
City:	
State:	
Zip:	
Phone Number:	
Fax Number:	
Email Address:	

<b>6. Non Profit Board Chair: (Non Profits Only)</b>	
Mr., Ms., or other Title:	
First Name:	
Last Name:	
Position Title:	
Address Line 1:	
(optional) Address Line 2:	
City:	
State:	
Zip:	
Phone Number:	
Fax Number:	
Email Address:	

<b>Executive Director: (Non Profits Only)</b>
Enter the information for the organization's executive director.

<b>Non Profit Board Chair: (Non Profits Only)</b>
Enter the information for the person who is the official leader of the board of directors.



**Organization Information:** Enter an "x" in the appropriate boxes as indicated for each section below. **Covers total organization**, not just the program which is seeking funding.

ORGANIZATION TYPE (select one only)	
Local Unit of Government	x
State Agency	
Non Profit Agency	

ORGANIZATION SUB-TYPE	
<b>Local Unit of Government - (select one only)</b>	
Police Department	x
Sheriff's Office	
District Attorney	
County Attorney	
CSCD	
City Office	
Council of Government	
Other	
<b>State Agencies - (select one only)</b>	
State Agency	
University Projects	
<b>Non Profit Agencies - (select all that apply)</b>	
Child Advocacy Center (CAC)	
Family Violence Shelter or Non-Res. Center	
Sexual Assault Center	
Legal Aid Agency	
MADD	
CASA	
Other	
X - here if your organization is Faith Based	

ORGANIZATION SERVICE GROUPS (select all that apply)	
Family Violence	x
Sexual Assault - Adult	
Physical Abuse and Neglect - Child	
Sexual Assault/Abuse - Child	
Physical Abuse and Neglect - Elder	
Sexual Assault/Abuse - Elder	
DUI/DWI	
Survivors of Homicide Victims	
Assault (Simple and Aggravated)	
Hate/Bias Crimes	
Adults Molested as Children	
Other Victims of Violent Crime	x

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**Instructions****Application Type: (All applicants)**

Put an "X" in one box to confirm the funding source for which your agency is applying. Your agency must select only one of the following: SAPCS, VCLG or OVAG. Applicants may apply for OVAG in addition to SAPCS or VCLG. If applying for more than one grant, submit a separate and complete application for each grant program. **Generally the OAG will give priority to OVAG applicants that do not already receive funding that originates from the Compensation to Victims of Crime Fund.**

**Purpose Area(s): (OVAG and VCLG only)**

Put an "X" in each purpose area that the grant project will focus on. You can choose more than one purpose area. At least one purpose area must be selected. Unless the applicant is a statewide organization, direct services must be included in the grant application.

**Grant Contact (OVAG and VCLG only)**

Enter the person who will be designated as the grant contact. The grant contact must be the person responsible for the day to day activities described within the grant application. *This person will receive all correspondence via phone and e-mail from the OAG.* The grant contact **may not** abrogate his/her responsibility to ensure that the project is operated efficiently, effectively, and in accordance with all laws, rules, regulations, and guidelines that govern all OAG grants. Enter the title, first name, last name, position title, address, city, state, zip, phone number, fax number, and e-mail address for the contact person. **The grant contact may not be the same person as the authorized signator below.**

**Authorized Signator:**

Enter the person who will be designated as the authorized signator. This person is the official who is authorized to apply for, accept, decline, or cancel the grant for the applicant agency/organization. This person must be the county judge, the executive director, the president of the board, or other official designated to assume responsibility for this grant. The resolution from the governing body must designate the authorized signator for this grant. Enter the title, first name, last name, position title, address, city, state, zip, phone number, fax number, and e-mail address for the authorized signator. **The authorized signator may not be the same person as the grant contact above.**

**1. Application Type: (All applicants)**

This application is for (check only one)

Other Victim Assistance Grant (OVAG):	<input type="checkbox"/>
Victim Coordinator and Liaison Grant (VCLG):	<input checked="" type="checkbox"/>
Sexual Assault Prevention & Crisis Services (SAPCS):	<input type="checkbox"/>

**2. Purpose Area(s): (OVAG and VCLG only)**

Choose all purpose areas that apply to the project

Direct Victim Services:	<input type="checkbox"/>	OVAG Only
Victim Services Training:	<input type="checkbox"/>	
Victim Assistance Community Education:	<input type="checkbox"/>	
*STATEWIDE* Victim Assistance Public Awareness:	<input type="checkbox"/>	
Victim Coordinator:	<input type="checkbox"/>	VCLG Only
Victim Liaison:	<input checked="" type="checkbox"/>	

**3. Grant Contact: (OVAG and VCLG only)**

Mr., Ms., or other Title:	Ms.
First Name:	Elizabeth
Last Name:	Ovalle
Position Title:	Victim Services Director
Address Line 1:	911 N. Raynor
(optional) Address Line 2:	
City:	El Paso
State:	Texas
Zip:	79903
Phone Number:	915-564-7088
Fax Number:	915-564-7354
Email Address:	ovallee@elpasotexas.gov

**4. Authorized Signator:**

Mr., Ms., or other Title:	Ms.
First Name:	Joyce
Last Name:	Wilson
Position Title:	City Manager
Address Line 1:	2 Civic Center Plaza
(optional) Address Line 2:	
City:	El Paso
State:	Texas
Zip:	79901
Phone Number:	915-541-4844
Fax Number:	915-541-4866
Email Address:	wilsonja@elpasotexas.gov

**5. Sexual Assault Program Director: (SAPCS only)**

<b>Mr., Ms., or other Title:</b>
<b>First Name:</b>
<b>Last Name:</b>
<b>Position Title:</b>
<b>Address Line 1:</b>
<b>(optional) Address Line 2:</b>
<b>City:</b>
<b>State:</b>
<b>Zip:</b>
<b>Phone Number:</b>
<b>Fax Number:</b>
<b>Email Address:</b>


**Sexual Assault Program Director: (SAPCS only)**

Enter the information for the person who supervises the day-to-day activities of the sexual assault program.

**Funds Requested: (OVAG and SAPCS only)**

A 20% Match is "optional" for this grant application. If you opt to include a Match, it must be 20% of the Total Project Cost and you will be asked for more information about the Match throughout the application. If you are opting NOT to include a Match, the Total Project Cost and the Total Funds Requested from the OAG should be the same and you should not include information about Match in this application.

Match of funds is not required in FY 2006.

**Funds Requested: (VCLG only)**

A 10% Match is "optional" for this grant application. If you opt to include a Match, it must be 10% of the Total Project Cost and you will be asked for more information about the Match throughout the application. If you are opting NOT to include a Match, the Total Project Cost and the Total Funds Requested from the OAG should be the same and you should not include information about Match in this application.

Match of funds is not required in FY 2006.

**6. Funds Requested: (OVAG and SAPCS only)**

<b>Total Project Cost for FY 2006:</b> <b>(12 months - 9/1/05-8/31/06)</b>	
<b>Total Funds Requested from OAG for FY 2006:</b> <b>(12 months - 9/1/05-8/31/06)</b>	

	<b>\$0</b>
	<b>\$0</b>

**7. Funds Requested: (VCLG only)**

<b>Total Project Cost for FY 2006:</b> <b>(12 months - 9/1/05-8/31/06)</b>	
<b>Total Funds Requested from OAG for FY 2006:</b> <b>(12 months - 9/1/05-8/31/06)</b>	

	<b>\$43,737</b>
	<b>\$39,000</b>

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**Target Groups**

For OVAG/VCLG, only include the target groups that will be served with funds from this grant (**NOT BY YOUR AGENCY/PROGRAM AS A WHOLE, OR FROM OTHER FUNDING SOURCES**). If the grant funds will be used to target and serve a special population as part of the project, please indicate this by entering an "x" in the box labeled Special Populations.

For SAPCS, include the target groups and special populations that will be served by the sexual assault program as a whole.

**Program Information**

For OVAG, please indicate which programs within the applicant organization will participate in this project (will be partially funded through this project).

For SAPCS, does not apply. All sexual assault services by all programs within the organization should be reported.

For VCLG, does not apply.

**TARGET GROUPS**  
 (Type of Crime Victim Served)

Family Violence	x
Sexual Assault - Adult	
Physical Abuse and Neglect - Child	
Sexual Assault/Abuse - Child	
Physical Abuse and Neglect - Elder	
Sexual Assault/Abuse - Elder	
DUI/DWI	
Survivors of Homicide Victims	
Assault (Simple and Aggravated)	
Hate/Bias Crimes	
Adults Molested as Children	
Other Victims of Violent Crime	x

**SPECIAL POPULATIONS**

Persons with Disabilities	
Elderly (65 and up)	
Asian	
African-American	
Hispanic	x
Spanish-speaking	x
Gay/Lesbian	
Rural	

**Non Profit Agencies - (select all that apply)**

Child Advocacy Center (CAC)	
Family Violence Shelter or Non-Res. Center	
Sexual Assault Center	
Legal Aid Agency	
Homicide/Support	
MADD	
CASA	
Other	

## Services

**For OVAG/VCLG, only include the services that will be provided with funds from this grant (NOT BY YOUR AGENCY/PROGRAM AS A WHOLE, OR FROM OTHER FUNDING SOURCES). The applicant will be required to track and report to the OAG information about all services provided through this grant.**

**For SAPCS, include the services that will be provided by the sexual assault program as a whole. The services with an "X" are a required component of the SAPCS contract.**

### DIRECT SERVICES (face-to-face)

Assistance with Crime Victims' Compensation	X
Assistance with Victim Impact Forms	
Counseling Services	
Criminal Justice Accompaniment*	X
Crisis Intervention*	X
Emergency Transportation	X
Information & Referral Community Service	X
Law Enforcement Accompaniment*	X
Lodging	
Medical Accompaniment*	
Other Transportation	X
Support Groups	
Therapeutic Groups	
Assistance with TX VINE (face-to-face or by phone)	X
Emergency Funds	
Follow-up with Victim (face-to-face or by phone)	X
Legal Assistance	
Victim Advocacy	X
Preparation for Victim Impact Panels	
Child/Adolescent Support Groups	
Court Witness Preparation	
Educational Services	

### TELEPHONE SERVICES

Telephone Services	X
Crisis Intervention by Telephone	
Sexual Assault Hotline Call	
Hotline Calls from About Victims of SA	

### WRITTEN SERVICES

Information & Referral (Written)	X
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### EDUCATION SERVICES

Structured Education	X
Victim Assistance Community Education	X
Victim Services Training	X
Community Education	
Professional Training	
Volunteer Training	

### COLOR KEY:

Can apply to OVAG, VCLG, or SAPCS	Applies to OVAG or VCLG ONLY
Applies to VCLG ONLY	Applies to SAPCS ONLY

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**Projected Targets OVAG/VCLG** - Previously funded applicants must provide grant specific service data from FY2005 (year to date) Performance Reports if applying to continue the FY2005 project. Applicants that have not previously received an OVAG/VCLG grant or applicants that received an OVAG/VCLG grant in FY2005 for a project outside the scope of this application should not include data from FY 2005. All applicants must provide projected targets for both this grant application specifically and the organization as a whole for FY 2006.

OVAG/VCLG Services	Grant Specific Data		Organization Data
	YTD FY05	FY06 Projected Targets	FY06 Projected Targets
<b>Number of Unique Victims Served*:</b>	77	105	8000
<b>Victim Services Training</b>			
<b>Number of Individuals Trained:</b>			
a. Law enforcement	40	0	1,112
b. Prosecution/Judicial	0	0	0
c. School Faculty	0	5	75
d. Medical	0	15	30
e. Clergy	0	0	0
f. Volunteers	99	120	150
g. Other	95	105	300
<b>Total Number of Professionals Trained:</b>	234	245	1667
<b>Total Number of Training Sessions:</b>	7	35	70
<b>Victim Assistance Community Education</b>			
<b>Number of Outreach Presentations:</b>			
a. Community - adult (General Public, Civic Orgs, etc.)	15	20	100
b. Community - school age (Kindergarten through College population)	5	22	50
c. Students - Structured Education (Curriculum-based presentations)	3	7	25
d. Informational Fairs (Health Fairs, State Fairs, etc.)	4	8	100
e. Other	1	5	20
<b>Total Number of Outreach Presentations:</b>	28	62	295

Note: \* Number of unique victims served must be an unduplicated count.

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**Projected Targets SAPCS** - Using ITS\* data for the entire sexual assault program, provide both the year-to-date FY2005 service levels and the projected targets for FY2006 for each Core/Funding Formula Service below. If SAPCS "Other" services will comprise more than 10% of the job function of any person to be funded by the SAPCS grant, provide the same information for these services as well. The targets are for the number of services to be provided by the entire sexual assault program, NOT the number of victims receiving the services (except where stated). \*New applicants may use a data source other than ITS.

SAPCS Services	Sexual Assault Program	
	YTD FY05	FY06 Projected Targets
<b>Number of Unique Victims Served</b>		
<b>SAPCS CORE/FUNDING FORMULA SERVICES (face-to-face)</b>		
Counseling Services		
Criminal Justice Accompaniment		
Crisis Intervention		
Law Enforcement Accompaniment		
Medical Accompaniment		
<b>SAPCS OTHER SERVICES (face-to-face)</b>		
Assistance with Crime Victims' Compensation		
Assistance with Victim Impact Forms		
Court Witness Preparation		
Educational Services		
Emergency Transportation		
Information & Referral Community Service		
Lodging		
Other Transportation		
Support Groups		
Therapeutic Groups		
<b>SAPCS CORE/FUNDING FORMULA TELEPHONE SERVICES</b>		
Crisis Intervention (by telephone)		
Sexual Assault Hotline Call		
Hotline Calls From/About Victims of Sexual Assault		
<b>SAPCS CORE/FUNDING FORMULA EDUCATION PRESENTATIONS</b>		
Structured Education		
Community Education		
Professional Training		
Volunteer Training		

**OVAG/VCLG Instructions:** Enter an "x" in the box next to each county that will be **targeted and served** by the activities described in this grant application. If the project will offer or provide services to all counties in Texas (6 or more COG regions), enter an "x" in the box next to "All Counties".

**SAPCS Instructions:** Enter an "x" in the box next to each county that is within the catchment area your organization is serving. Catchment area is defined as the geographic location where all Core Services are provided within the base county and the additional counties/areas that receive varying degrees of Core Services. Please designate the base county with the "\*" symbol and counties with satellite offices with the "#" symbol.

Anderson	Chambers	Ellis	Hemphill	Lampasas	Newton	Sherman	Williamson
Andrews	Cherokee	Erath	Henderson	LaSalle	Nolan	Smith	Wilson
Angelina	Childress	Falls	Hidalgo	Lavaca	Nueces	Somervell	Winkler
Aransas	Clay	Fannin	Hill	Lee	Ochiltree	Starr	Wise
Archer	Cochran	Fayette	Hockley	Leon	Oldham	Stephens	Wood
Armstrong	Coke	Fisher	Hood	Liberty	Orange	Sterling	Yoakum
Atascosa	Coleman	Floyd	Hopkins	Limestone	Palo Pinto	Stonewall	Young
Austin	Collin	Foard	Houston	Lipscomb	Panola	Sutton	Zapata
Bailey	Collingsworth	Fort Bend	Howard	Live Oak	Parker	Swisher	Zavala
Bandera	Colorado	Franklin	Hudspeth	Llano	Parmer	Tarrant	All Counties
Bastrop	Comal	Freestone	Hunt	Loving	Pecos	Taylor	
Baylor	Comanche	Frio	Hutchinson	Lubbock	Polk	Terrell	
Bee	Concho	Gaines	Irion	Lynn	Potter	Terry	
Bell	Cooke	Galveston	Jack	Madison	Presidio	Throckmorton	
Bexar	Coryell	Garza	Jackson	Marion	Rains	Titus	
Blanco	Cottle	Gillespie	Jasper	Martin	Randall	Tom Green	
Borden	Crane	Glasscock	Jeff Davis	Mason	Reagan	Travis	
Bosque	Crockett	Goliad	Jefferson	Matagorda	Real	Trinity	
Bowie	Crosby	Gonzales	Jim Hogg	Maverick	Red River	Tyler	
Brazoria	Culberson	Gray	Jim Wells	McCulloch	Reeves	Upshur	
Brazos	Dallam	Grayson	Johnson	McLennan	Refugio	Upton	
Brewster	Dallas	Gregg	Jones	McMullen	Roberts	Uvalde	
Briscoe	Dawson	Grimes	Karnes	Medina	Robertson	Val Verde	
Brooks	Deaf Smith	Guadalupe	Kaufman	Menard	Rockwall	Van Zandt	
Brown	Delta	Hale	Kendall	Midland	Runnels	Victoria	
Burleson	Denton	Hall	Kenedy	Milam	Rusk	Walker	
Burnet	DeWitt	Hamilton	Kent	Mills	Sabine	Waller	
Caldwell	Dickens	Hansford	Kerr	Mitchell	San Augustine	Ward	
Calhoun	Dimmitt	Hardeman	Kimble	Montague	San Jacinto	Washington	
Callahan	Donley	Hardin	King	Montgomery	San Patricio	Webb	
Cameron	Duval	Harris	Kinney	Moore	San Saba	Wharton	
Camp	Eastland	Harrison	Kleberg	Morris	Schleicher	Wheeler	
Carson	Ector	Hartley	Knox	Motley	Scurry	Wichita	
Cass	Edwards	Haskell	Lamar	Nacogdoches	Shackelford	Wilbarger	
Castro	El Paso	x Hays	Lamb	Navarro	Shelby	Willacy	

**Non Profit Financial Capability Questionnaire:** All Non Profit corporations applying for OAG grant funds that have not previously received an OAG grant must complete this questionnaire. Failure to comply may result in the denial of an award.

**1. Organizational Information: (All New Non Profit Applicants)**

Enter the year in which the corporation was founded:	
Enter the date that the IRS letter granted 501(c)(3) tax exemption status:	
Enter the corporation's Charter Number assigned by the Secretary of State:	
Enter the date that the Charter Number was assigned to your agency:	

In the space provided below, state the purpose of the organization as stated in the Articles of Incorporation of the Bylaws of your agency:

**2. Accounting System: (All New Non Profit Applicants)**

Is your accounting system on an accrual basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what type of accounting system do you have?	<input type="checkbox"/> Cash <input type="checkbox"/> Modified Accrual
Do you have a computerized accounting software program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name the software:	

(All grant funded programs are required to keep time sheets)

Do your time sheets allocate time for separate funding sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**3. Oversight of Financial Records: (All New Non Profit Applicants)**

Does your agency have an independent audit done on an annual basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what year was the last one completed?	
Was your last audit completed by Single Audit standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your agency in good standing with other funding agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, give an explanation of why:	
Identify the person and position responsible for all financial information:	

**Instructions****Organizational Information: (All New Non Profit)**

Please provide the date when the corporation first filed with the Secretary of State (SOS) Office. Please enter the date on the Internal Revenue Service (IRS) letter designating the corporation's nonprofit tax exempt status [501 (c) (3)]. Please provide the corporation's charter number assigned by the SOS and include the date SOS made the assignment. This should be in your organization's original articles of incorporation. The stated purpose of the organization should be a summary of the original purpose stated in the Articles of Incorporation, filed with SOS.

**Accounting System: (All New Non Profit Applicants)**

Accrual basis of accounting meets Generally Accepted Accounting Principles (GAAP). Accrual accounting recognizes revenue when earned and expenses when incurred. Other basis of accounting not meeting GAAP are cash basis and modified accrual basis of accounting. Time sheets should comply with OMB Circular A-122 standards.

**Oversight of Financial Records:  
(All New Non Profits)**

Please provide information on your organization's annual audit performed by a contract Certified Public Account (CPA) Firm. If your organization had an annual audit, please provide the most current year end audited. Also indicate if the audit was a single audit (includes compliance) by either federal or state requirements. Please indicate if your organization is in good standing with other funding agencies. If your organization is not in good standing, provide why the organization is not in good standing. Please provide the name of the person and the person's title designated for oversight and review all financial information for the organization



PERSONNEL: Provide job descriptions for staff positions for which you are requesting funds (Attachment D).		Personnel Narrative: The information requested in the Personnel Narrative section for each position is <b>REQUIRED</b> to support Reasonableness and Necessity.					Type of Fringe Benefits: (Please use space provided, do not attach additional pages)					% auto-calculates off FY2006 Salary.		
1. List personnel in order of funding priority. 2. At least one position funded by the grant must be working a minimum of 50% of their time for the OVAG/VCLG grant or the sexual assault program (SAPCS) to be funded by the OAG. The applicant may request funding at proportional percentages for a maximum of three administrative/financial personnel. At least one SAPCS funded position must deliver Community Education, Professional Education and Structured Education as demonstrated in the job description submitted with this application. 3. The job titles listed below must match the titles on the job descriptions and those listed within the budget and the narrative. All job descriptions must be up to date.		1. State whether the position was funded by OAG in FY2005; if not state either "new position" or "existing position not funded in FY2005." 2. The percentage of raise in requested salary, if applicable; 3. If the position is not 100% funded out of this grant, provide names and percentages of other funding sources.					Fringe benefits are in the form of employer contributions or expenses such as social security, employee insurance (medical or dental), worker's compensation, retirement, etc.							
Title of Position (if vacant or new position, state so)		FT / PT	Salary Costs					Fringe Benefit Costs					Funding %s	
			Annual FY2006 Salary for the Position	*Optional* FY2006 Salary Funds Cash Match	*Optional* FY2006 Salary Funds In-Kind Match	FY2006 OAG Salary Funds Requested	Total FY2006 Project Cost - Salary	Annual FY2006 Fringe Benefits for the Position	*Optional* FY2006 Fringe Funds Cash Match	*Optional* FY2006 Fringe Funds In-Kind Match	FY2006 OAG Fringe Funds Requested	Total FY2006 Project Cost - Fringe Funds	% of Total Funded by This Grant	% of Total Funded by Other Sources
1	Crime Victim Services Supervisor	FT	\$30,098	\$0		\$30,098	\$30,098	\$9,789	\$887		\$8,902	\$9,789	100%	0%
	<b>Personnel Narrative:</b> Existing position was funded by the OAG in 2005. 81% of salary was funded by OAG and 19% by the department. Requested funding for salary will be 98% from the OAG and 2% from cash match. Crime Victim Services Supervisor meets with victims of crime on a 24 hour a day basis, seven days a week;						<b>Type of Fringe Benefits:</b> Pension, Social Security, Medicare, Worker's Compensation, Unemployment Compensation, Health Insurance Premiums, Life Insurance Premiums, and Retirement.							
2	Volunteers	PT			\$960		\$960					\$0	0%	100%
	<b>Personnel Narrative:</b> Volunteers - Each @\$7 * 138 hours. The volunteer will assist the Victim Services Volunteer Coordinator and Case Manager in immediate crisis intervention, information and referrals.						<b>Type of Fringe Benefits:</b>							
3							\$0					\$0	0%	100%
	<b>Personnel Narrative:</b>						<b>Type of Fringe Benefits:</b>							
4							\$0					\$0	0%	100%
	<b>Personnel Narrative:</b>						<b>Type of Fringe Benefits:</b>							

5								\$0					\$0	0%	100%
	Personnel Narrative:							Type of Fringe Benefits:							
6								\$0					\$0	0%	100%
	Personnel Narrative:							Type of Fringe Benefits:							
7								\$0					\$0	0%	100%
	Personnel Narrative:							Type of Fringe Benefits:							
8								\$0					\$0	0%	100%
	Personnel Narrative:							Type of Fringe Benefits:							
9								\$0					\$0	0%	100%
	Personnel Narrative:							Type of Fringe Benefits:							
10								\$0					\$0	0%	100%
	Personnel Narrative:							Type of Fringe Benefits:							
		Annual FY2006 Salary for the Position	*Optional* FY2006 Salary Funds Cash Match	*Optional* FY2006 Salary Funds In-Kind Match	FY2006 OAG Salary Funds Requested	Total FY2006 Project Cost - Salary	Annual FY2006 Fringe Benefits for the Position	*Optional* FY2006 Fringe Funds Cash Match	*Optional* FY2006 Fringe Funds In-Kind Match	FY2006 OAG Fringe Funds Requested	Total FY2006 Project Cost - Fringe Funds				
Grand Totals		\$30,098	\$0	\$960	\$30,098	\$30,098	\$9,789	\$887	\$0	\$8,902	\$8,902				

## PROFESSIONAL & CONSULTANT

**(Please use space provided, do not attach additional pages)**

Professional & Consultant may include contract amounts for individual and group counseling, and financial services such as bookkeeping and auditing.

Description	FY2006 Professional Requested	*Optional* FY2006 Professional Cash Match	*Optional* FY2006 Professional In- Kind Match	Total FY2006 Project Cost - Professional
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**PROFESSIONAL & CONSULTANT NARRATIVE:**

**Describe how the professional/consultant service contract(s) will assist in providing services.**

**TRAVEL** (Please use space provided, **do not** attach additional pages)

1. List the type of In-State travel needed for the grant (i.e. training, conference, local, etc). Include mileage, airfare, hotel and per diem per travel type (i.e. training or conference).
2. **Do not include conference registration fees. Conference registration fees belong in the "Other" category.**
3. The reimbursement rate for mileage and other travel costs must correspond to your agency's policy.  
If you do not have an established policy, you must use state travel guidelines.
4. For audit and monitoring purposes, you must maintain adequate travel documentation that includes dates, destinations, mileage amounts and purpose of the travel.
5. Conferences are strongly encouraged as continuing education for strengthening job function skills.
6. **Note: All applicants are encouraged to attend at least one conference and/or one training session sponsored by the OAG during the year. Travel costs for these training sessions should be included in this category.**

Travel Type	Positions (Include all positions requested within travel type)	Expenses	FY2006 Travel Requested	*Optional* FY2006 Travel Cash Match	*Optional* FY2006 Travel In-Kind Match	Total FY2006 Project Cost - Travel
OAG Conference (Fall 2006)		Airfare/Mileage				\$0
		Hotel				\$0
		Per diem				\$0
		Miscellaneous				\$0
		TOTAL	\$0	\$0	\$0	\$0
OAG Training (ex: regional training)		Airfare/Mileage				\$0
		Hotel				\$0
		Per diem				\$0
		Miscellaneous				\$0
		TOTAL	\$0	\$0	\$0	\$0
		Airfare/Mileage				\$0
		Hotel				\$0
		Per diem				\$0
		Miscellaneous				\$0
		TOTAL	\$0	\$0	\$0	\$0
		Airfare/Mileage				\$0
		Hotel				\$0
		Per diem				\$0
		Miscellaneous				\$0
		TOTAL	\$0	\$0	\$0	\$0

Travel Type	Positions (Include all positions requested within travel type)	Expenses	FY2006 Travel Requested	*Optional* FY2006 Travel Cash Match	*Optional* FY2006 Travel In-Kind Match	Total FY2006 Project Cost - Travel
		Airfare/Mileage				\$0
		Hotel				\$0
		Per diem				\$0
		Miscellaneous				\$0
		TOTAL	\$0	\$0	\$0	\$0
		Airfare/Mileage				\$0
		Hotel				\$0
		Per diem				\$0
		Miscellaneous				\$0
		TOTAL	\$0	\$0	\$0	\$0
		Airfare/Mileage				\$0
		Hotel				\$0
		Per diem				\$0
		Miscellaneous				\$0
		TOTAL	\$0	\$0	\$0	\$0
		Airfare/Mileage				\$0
		Hotel				\$0
		Per diem				\$0
		Miscellaneous				\$0
		TOTAL	\$0	\$0	\$0	\$0
Grand Total			\$0	\$0	\$0	\$0

*You may copy this page for worksheet calculation, but this page will only be used for total travel requested.*

**TRAVEL:**

Describe how the travel listed will assist in providing services.

TRAVEL: Travel is for the recommended conference from the OAG for Volunteer Coordinator and Case Manager.

**EQUIPMENT (Please use space provided, do not attach additional pages)**

1. Equipment is defined by the OAG as non-expendable personal property with a unit cost of more than \$1,000 and a useful life of more than two years.
2. Fax machines, video recorders/players, computers and printers are considered to be equipment if their unit cost is \$1,000 or greater. (if any equipment is less than \$1,000, then put it as a line item under Other Direct Operating Expense, not supplies).
3. **Note: Applicants must follow their agency Policies and Procedures regarding equipment purchasing. A bid may be required.**
4. **Note: All applicants are required to have a computer for grant related activities.**  
**If you do not have a computer, costs for computers must be included in Supplies or Other Direct Operating Expenses.**

Item	Description	Total FY2006 Requested Equipment	*Optional* Total FY2006 Projected Equipment Cash Match	*Optional* Total FY2006 Projected Equipment In-Kind Match	Total FY2006 Project Cost - Equipment
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**EQUIPMENT:**

Describe how the equipment listed will assist in providing services.

**SUPPLIES (Please use space provided, do not attach additional pages)**

Supplies are the items needed to perform daily operations. Allowable expenses include such consumable items as office supplies (i.e. paper, postage, etc.) classroom instructional supplies, educational resource materials (i.e. videos, books, etc), and postage. Costs for supplies are prorated for the employees listed on this application.

Item	Total FY2006 Projected Supplies Requested	*Optional* Total FY2006 Projected Supplies Cash Match	*Optional* Total FY2006 Projected Supplies In- Kind Match	Total FY2006 Project Cost - Supplies
Office Supplies		\$2,000		\$2,000
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total</b>	<b>\$0</b>	<b>\$2,000</b>	<b>\$0</b>	<b>\$2,000</b>

**SUPPLIES:**

Describe how the supplies listed will assist in providing services.

SUPPLIES: Will be used to perform daily operations.

**OTHER DIRECT OPERATING EXPENSES (Please use space provided, do not attach additional pages)**

Other direct operating expenses (DOE) may include training and conference registration fees, rent, utilities, printing, answering service, pager service, equipment maintenance agreements, phone, property insurance, and any other expenses that do not fit within another category (ex: Equipment that is less than \$1,000).

Description	FY2006 Other DOE Requested	*Optional* FY2006 Other Cash Match	*Optional* FY2006 Other In- Kind Match	Total FY2006 Project Cost Other DOE
Conference Registration Fees for Crime Victim Services Supervisor.		\$890		\$890
Cellular Phones @ \$45 per month for Crime Victim Services Supervisor.				\$0
\$350 (Registration fees) + \$540 (Cellular Phone) = \$890				\$0
Item amounts were entered on one line because any additional line amounts				\$0
do not show on Budget Summary Sheet Total FY2006 Project Cost.				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total</b>	<b>\$0</b>	<b>\$890</b>	<b>\$0</b>	<b>\$890</b>

**OTHER DIRECT OPERATING EXPENSES:**

Describe how the other direct operating expenses listed will assist in providing services.

Conference Registration Fees are for the recommended training from the OAG. Cellular phones are so that the Volunteer Coordinator and Case Manager are available 24-7.



**SOURCE OF FEDERAL FUNDS (Please use space provided, do not attach additional pages)**

**OVAG/VCLG Instructions:** Enter all current sources of Federal funding for FY 2005 and projected sources of Federal funding for FY 2006 for victim services within your organization. If your agency serves a population of only victims, then give the sources of Federal funding for your entire agency. If victim services makes up only a program or unit within your organization, then only give the sources of Federal funding for that program or unit.

**SAPCS Instructions:** Enter all current sources of Federal funding for FY 2005 and projected sources of Federal funding for FY 2006 for the sexual assault program only.

Funding Source	FY2005 Amount	% of FY2005 Federal Funds	Projected FY2006 Amount	% of FY2006 Federal Funds
<b>Federal Funding:</b>				
VOCA (Victims of Crime Act)	\$53,042	41.40%	\$53,042	41.40%
VAWA (Violence Against Women Act)	\$75,072	58.60%	\$75,072	58.60%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
<b>Total</b>	<b>\$128,114</b>	<b>100.00%</b>	<b>\$128,114</b>	<b>100.00%</b>

**SOURCE OF STATE OR LOCAL FUNDS** (Please use space provided, do not attach additional pages)

**OVAG/VCLG Instructions:** Enter all current State or local government sources of funding for FY 2005 and projected State and local government sources of funding for FY 2006 for victim services within your organization. If your agency serves a population of only victims, then give the sources of State and local government funding for your entire agency. If victim services makes up only a program or unit within your organization, then only give the sources of State and local government funding for that program or unit.

**SAPCS Instructions:** Enter all current sources of State or local government funding for FY 2005 and projected sources of State or local government funding for FY 2006 for the sexual assault program only.

Funding Source	FY2005 Amount	% of FY2005 State or Local Funds	Projected FY2006 Amount	% of FY2006 State or Local Funds
<b>State or Local Government Funding:</b>				
OVAG (Other Victim Assistance Grants)	\$51,000	56.74%	\$50,000	56.18%
VCLG (Victim Coordinator and Liason Grants)	\$38,879	43.26%	\$39,000	43.82%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
Total	\$89,879	100.00%	\$89,000	100.00%

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<b>SOURCE OF OTHER FUNDS (Please use space provided, do not attach additional pages)</b>				
<b>OVAG/VCLG Instructions:</b> Enter all current sources of Other (non-governmental) funding for FY 2005 and projected sources of Other (non-governmental) funding for FY 2006 for victim services within your organization. If your agency serves a population of only victims, then give the sources of Other (non-governmental) funding for your entire agency. If victim services makes up only a program or unit within your organization, then only give the sources of Other (non-governmental) funding for that program or unit.				
<b>SAPCS Instructions:</b> Enter all current sources of Other (non-governmental) funding for FY 2005 and projected sources of Other (non-governmental) funding for FY 2006 for the sexual assault program only.				
<b>Funding Source</b>	<b>FY2005 Amount</b>	<b>% of FY2005 Other Funds</b>	<b>Projected FY2006 Amount</b>	<b>% of FY2006 Other Funds</b>
<b>Other Funding:</b>				
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
		0.00%		0.00%
<b>Total</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$0</b>	<b>0.00%</b>

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<b>General Information (Auto-fills)</b>	
Applicant:	City of El Paso-El Paso Police Department
Grant/Contract #:	For OAG Use Only
OVAG or SAPCS Total Funds Requested from OAG:	\$0
VCLG Total Funds Requested from OAG:	\$39,000
City:	El Paso
County:	El Paso
Grant Period:	September 1, 2005 - August 31, 2006

<b>Budget Summary (Auto-fills)</b>
------------------------------------

<b>Personnel</b>					
Description	FY06 9/1/05 - 8/31/06 Requested	*Optional* FY06 9/1/05 - 8/31/06 Cash Match	*Optional* FY06 9/1/05 - 8/31/06 In-Kind Match	OAG Use Only	Total FY06 Project Cost
Crime Victim Services Supervisor	\$ 30,098	\$	\$		\$ 30,098
Volunteers	\$	\$	\$ 960		\$ 960
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
<b>Personnel Total</b>	<b>\$ 30,098</b>	<b>\$</b>	<b>\$ 960</b>		<b>\$ 31,058</b>

<b>Fringe</b>					
Description	FY06 9/1/05 - 8/31/06 Requested	*Optional* FY06 9/1/05 - 8/31/06 Cash Match	*Optional* FY06 9/1/05 - 8/31/06 In-Kind Match	OAG Use Only	Total FY06 Project Cost
Crime Victim Services Supervisor	\$ 8,902	\$ 887	\$		\$ 9,789
Volunteers	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
<b>Fringe Total</b>	<b>\$ 8,902</b>	<b>\$ 887</b>	<b>\$</b>		<b>\$ 9,789</b>

Grant Application  
R-FY 2006 Budget Summary

<b>Professional &amp; Consultant Services</b>		FY06	*Optional*	*Optional*	OAG Use Only	Total FY06 Project Cost
<i>Description</i>		9/1/05 - 8/31/06 Requested	FY06 9/1/05 - 8/31/06 Cash Match	FY06 9/1/05 - 8/31/06 In-Kind Match		
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
<b>Professional &amp; Consultant Total</b>		\$	\$	\$		\$

<b>Travel</b>		FY06	*Optional*	*Optional*	OAG Use Only	Total FY06 Project Cost
<i>Type</i>		9/1/05 - 8/31/06 Requested	FY06 9/1/05 - 8/31/06 Cash Match	FY06 9/1/05 - 8/31/06 in-Kind Match		
OAG Conference (Fall 2006)		\$	\$	\$		\$
OAG Training (ex: regional training)		\$	\$	\$		\$
-		\$	\$	\$		\$
-		\$	\$	\$		\$
-		\$	\$	\$		\$
-		\$	\$	\$		\$
-		\$	\$	\$		\$
-		\$	\$	\$		\$
-		\$	\$	\$		\$
<b>Travel Total</b>		\$	\$	\$		\$

Grant Application  
R-FY 2006 Budget Summary

<b>Equipment</b>					
<i>Item</i>	FY06 9/1/05 - 8/31/06 Requested	*Optional* FY06 9/1/05 - 8/31/06 Cash Match	*Optional* FY06 9/1/05 - 8/31/06 In-Kind Match	OAG Use Only	Total FY06 Project Cost
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
<b>Equipment Total</b>	\$	\$	\$		\$

<b>Supplies</b>					
<i>Description</i>	FY06 9/1/05 - 8/31/06 Requested	*Optional* FY06 9/1/05 - 8/31/06 Cash Match	*Optional* FY06 9/1/05 - 8/31/06 In-Kind Match	OAG Use Only	Total FY06 Project Cost
Office Supplies	\$	\$ 2,000	\$		\$ 2,000
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
<b>Supplies Total</b>	\$	\$ 2,000	\$		\$ 2,000

<b>Other Direct Operating Expenses</b>	<b>FY06 9/1/05 - 8/31/06 Requested</b>	<b>*Optional* FY06 9/1/05 - 8/31/06 Cash Match</b>	<b>*Optional* FY06 9/1/05 - 8/31/06 In-Kind Match</b>	<b>OAG Use Only</b>	<b>Total FY06 Project Cost</b>
<i>Description</i>					
Conference Registration Fees for Crime Victim Services Supervisor.	\$	\$ 890	\$		\$ 890
Cellular Phones @ \$45 per month for Crime Victim Services Supervisor.	\$	\$	\$		\$
\$350 (Registration fees) + \$540 (Cellular Phones) = \$890	\$	\$	\$		\$
Item amounts were entered on one line because any additional line amounts do not show on Budget Summary Sheet Total FY2006 Project Cost.	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
<b>Other Direct Operating Expenses Total</b>	<b>\$</b>	<b>\$ 890</b>	<b>\$</b>		<b>\$ 890</b>
	<b>FY06 9/1/05 - 8/31/06 OAG Total Requested</b>	<b>*Optional* FY06 9/1/05 - 8/31/06 Cash Match Grand Total</b>	<b>*Optional* FY06 9/1/05 - 8/31/06 In-Kind Match Grand Total</b>	<b>OAG Use Only</b>	<b>Total FY06 Project Cost</b>
<b>Total Budget</b>	<b>\$ 39,000</b>	<b>\$ 3,777</b>	<b>\$ 960</b>		<b>\$ 43,737</b>
	Total Project Cost FY 2006		Total Amount Requested FY 2006		
OVAG and SAPCS Amount Referenced from Applicant Info Sheet:	\$0		\$		
VCLG Amount Referenced from Applicant Info Sheet:	\$43,737		\$ 39,000		

OAG USE ONLY	
Organization #	Application #

**OFFICE OF THE ATTORNEY GENERAL  
VICTIM COORDINATOR AND LIASON GRANTS (VCLG)**

**PROJECT NARRATIVE**

**Section 1: Organization Summary**

It is the mission of the El Paso Police Department to provide services with integrity and dedication, to preserve life, to enforce law, and to work in partnership with the community to enhance the quality of life in the City of El Paso.

The El Paso Police Department is a Municipal Law Enforcement Agency whose jurisdiction falls within the City of El Paso. The El Paso Police Department was formed on April 14, 1884 and employed one Town Marshall and four police officers at the time of inception. The first patrol station was located in downtown El Paso, along with City Hall, the Fire Station and the Jail, which was located on the top floor of the Fire Station. Officers assigned to this station served the entire community of El Paso City. The officers were in uniform and carried the firearm of their choice.

The Department has grown with the City of El Paso and now employees 1115 officers and 340 civilians. It is comprised of Police Headquarters and five Regional Command Centers, which are made of patrol sections, detective units, traffic sections and other various specialized units. Through Community Policing, the El Paso Police Department is focused on promoting proactive problem-solving and police community partnerships to address the cause of crime and fear of crime within our City. The El Paso Police Department remains focused on working with other community organizations to keep our City safe and to enhance the quality of life. These Organizations include other law enforcement agencies, community groups, support groups, and victim services organizations. The Department combats crime through collaboration with these organizations as well as community involvement. The El Paso Police Department officers offers services in the various fields of law enforcement such as enforcement of State Law and City Ordinances, traffic enforcement, and prevention of drug use and trafficking. The Department also offers education to the community on victim rights, domestic violence, traffic safety, and other areas of community concern. For 120 years, the El Paso Police Department has been a part of the El Paso Community and is dedicated to protecting life, serving the community and providing services with integrity and pride.

The Victim Services Unit within the El Paso Police Department currently has 97 certified Victim Services Response Team (VSRT) Volunteers. In order for these volunteers to become certified, they must complete 80 hours of training in the area of victims services. These volunteers work very closely with the department Crime Victim Services Supervisor to provide immediate crisis intervention at the crime scene 24 hours a day and 7 days a week to crime victims throughout the City of El Paso, Texas in an efficient and compassionate manner. The VSRT team provides assistance to victims, including benefits such as, Texas Crime Victim Compensation, referral to local community agencies; assist Officers with death notifications, and transportation of victims.



## **Section 2: Program and Need Description**

The El Paso Police Department proudly serves a population of over 563,662 citizens according to the 2000 U.S. Census and patrols over 251 square miles. Law enforcement in El Paso presents a unique challenge due to its proximity to both International and State border. Incorporated in 1873, El Paso has grown to the 5<sup>th</sup> largest city in Texas and the 23<sup>rd</sup> largest city in the United States. El Paso's population combined with that of Juarez, Mexico and neighboring communities form a metropolis of over two million people. The daily border crossing between El Paso and Juarez fluctuates the population by tens of thousands of people. The effect of this condition presents certain demands for police services that cannot always be anticipated. Due to the large population, the City of El Paso experiences a high volume of victims requiring services. Victims of violent crime, resulting in bodily injury, death or emotional trauma should receive immediate service at the scene from advocates trained in crisis intervention and stabilization to start the healing process sooner.

The Victim Services Unit wishes to continue this project through the assistance of a Crime Victim Services Supervisor. The Supervisor will concentrate on follow up efforts contacting victims and their families, offering available services, and assisting with compensation applications.

The target group will be victims of crime within the jurisdiction of the City of El Paso Police Department, particularly victims of violent crime resulting in bodily injury, death or emotional trauma. The El Paso Police Department responds to approximately 22,000 violent crime incidents per year. Other agencies, such as the Red Cross, the El Paso Fire Department, the Medical Examiner's Officer and local hospitals continually request the services of the Victim Services Unit and VSRT Volunteers to assist with victims. These agencies do not have victim services personnel. The Unit welcomes referrals of victims from all agencies both within the City and County of El Paso, as well as other areas within the State of Texas. Policy dictates that no victim will be turned away.

Many victims of crime are not aware of their eligibility for benefits through Texas Crime Victim Compensation, thus causing further impact on the victim and their families through loss of wages, medical expenses, relocation costs, and funeral expenses, etc. Through our Crime Victim Services Supervisor, the community and victims of crime will be educated on Texas Crime Victim's Compensation (TCVC). The Supervisor will contact victims and offer assistance on filing TCVC applications and inform victims of other available resources.

The Crime Victim Services Supervisor will target victims of crime by reviewing criminal cases. She/he will participate in Health and Safety Fairs as well as make presentations at local schools, businesses and community events. She/he will conduct these presentations upon request, as well as seek out areas within the City to bring awareness to the community. The Supervisor will conduct media releases and presentations throughout the year explaining our program and the process of filing TCVC applications.

As illustrated below, the El Paso Police Department's Victim Services Unit increased TCVC applications filed in 2004 by 92% and victims served by 30%. There were approximately 29,204 incidents of violence reported in 2004. The total number of active VSRT Volunteers year to date for year 2005 is 97.

City of El Paso, Texas  
 Number of Incidents of Violence in 2004  
 Approximately 29,204

Year	Number of Victims Served	Compensation Applications
1999	5,584	288
2000	8,729	271
2001	8,947	387
2002	7,032	577
2003	7,621	626
2004	9,920*	1,199**

\* In 2004, there was a 30% increase in Victims Served.

\*\* In 2004, there was a 92% increase in Compensation Applications filed.

Source: El Paso Police Department

### Output Measures

	Actual FY03	Projected FY04*	Actual FY04	Projected FY05**
Number of Victims Served	7,621	8,383	9,920	11,110
Number of Call Outs	203	223	240	268
Number of Compensation Applications filed	626	689	1,199	1,342
Number of Active Trained Volunteers	65	72	95	106

\* In 2003, our target was an increase of 10%

\*\* In 2004, our target is an increase of 12%

Source: El Paso Police Department

### **Section 3: What Will be Done**

The Victim Services Unit views victims of crime as a priority, which deserves our concern, care and attention. The Unit will respond to the emotional and physical needs of crime victims; assist them in stabilizing their lives; assist them in understanding the judicial system; as well as help them complete TCVC applications and appeals for compensation. No victim seeking our assistance will be turned away.

The Crime Victim Services Supervisor will accomplish the goals of this project by providing crisis intervention, compensation applications, referrals, transportation, and follow up services on a 24-hour a day, seven day a week basis. The staff gives empathetic, culturally sensitive, effective and timely response to the citizens of El Paso, and ensures that every citizen needing assistance is given the opportunity to access it.

The staff provides services by responding to crime scenes, hospitals, homes, workplaces, and other locations throughout the City to provide services at the victim's convenience. The staff and volunteers will immediately assess the situation, determine what is needed, and assist in providing services. Contact is made to other victims of crime through information mailings describing the types of services available and offering assistance in filing for victims' compensation. Information on victims is received through daily reports on violent crimes. If the victim desires services, an appointment is made to complete the compensation application. Staff members file the application and respond to requests for additional information from the Office of the Attorney General. The application process is tracked by staff who keeps the victims informed of its progress.

Staff will inform patrol officers about the services offered by the team by attending training meetings at the regional commands.

The Crime Victim Services Supervisor will build relationships with other organizations through their participation with the Crime Victim Rights Council and the Domestic Violence Prevention Commission. The two groups are comprised of several community members from various law enforcement agencies and advocacy groups. These groups meet with and invite other agencies to attend meetings on a monthly basis. Several issues are discussed and addressed at these meetings on problems experienced with victim compensation as well as other victim issues. Staff will participate with events conducted by these various agencies and committees.

The Victim Services Unit as well as all members of the El Paso Police Department have knowledge of the listed programs and are required by Departmental procedure to cooperate with and participate in the programs. Referrals are made to and received from these agencies on a daily basis. Members of this unit and the Department participate in events and meetings with these agencies as well as invite these agencies to participate in our activities. The written understanding requiring participation and cooperation with these organizations is documented in the El Paso Police Department's procedures manual.

The following are agencies that the Victim Services Unit with the El Paso Police Department currently has a cooperative working agreement (Attachment-C) with:

- Center Against Family Violence
- West Texas Community Supervision & Corrections Dept
- Family Services of El Paso
- El Paso County Sheriff's Office
- Sexual Trauma and assault Response (STARS)
- District Attorney's Office - Domestic Violence Unit
- District Attorney's Office - Victim's Assistance Program
- Diocesan Migrant & Refugee Services
- Adult Protective Services
- Advocacy Center for the Children of El Paso
- Rio Grande Council of Governments
- Office of the Attorney General
- County Attorney's Office, El Paso County

### *Sustainability Plan*

The El Paso Police Department is fully committed to the protection of the citizens of the City of El Paso and recognizes the need for specialized Victim Service units and Crime Victim personnel. The Department prosecutes all violators to the fullest extent of the law; unfortunately incarceration of the offender is not an end to the turmoil suffered by the victims.

The Department first implemented its victim services initiatives as a result of federal/state funding opportunities, and is fortunate to have access to these funds. Obviously, budget constraints affect all business, and public entities are no exception. The Department will, with enough prior notice, request monies be allocated within its FY08 budget to fully fund these programs without any federal/state assistance. The needs of these victims are of paramount concern and will be addressed as a requirement of our Department goals, mission and values.

## **Section 5: Projected Results**

The level of program activities are measured by the number of victims served, the number of victims contacted by mail, the number of compensation applications filed, and the number of crisis calls responded to. Other activities will be measured by the number of volunteers recruited for this program.

The program has already proved its effectiveness by the fact that staff are requested at all major crime scenes to assist with victims and families of victims. Requests for assistance from other agencies not having their own victims assistance program have increased as well.

**Output Measures:** During the proposed grant period, it is anticipated that the number of victims served will increase as well as the number of crisis call outs. With the combination of efforts through phone contacts, contact letters, and crisis call outs, victims will be provided services to the best of the Victim Services unit's ability. At least 500 TCVC applications will be filed per year by concentrating on follow up activities with the victims. The number of active volunteers will be increased by 5% each year.

**Outcome Measures:** During the proposed grant period, the outcome will be measured by surveys completed by victims following receipt of services provided. The surveys will question the victims' level of understanding of the judicial system, views of the future, understanding of TCVC, level of customer service, and changes in feelings of safety. The director in charge of this program will also send quality control surveys, at random, to ascertain quality of service provided by the Crime Victim Services Supervisor. Survey's will be given to all volunteers before and after their 80 hours of training to determine increased knowledge and understanding of resources and benefits available to victims.

**COMPREHENSIVE CERTIFICATION FORM****Certified Assurances:**

This certification is a material representation of fact upon which reliance was placed with the agency determined to award the grant. If it is later determined that the grantee knowingly rendered an erroneous certification, the agency, in addition to any other remedies available to the federal/state government or state agency, may take available action.

**I certify to the best of my knowledge and belief:**

1. No federal/state appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress or the Texas Legislature, or an employee of a member of Congress or the Texas Legislature in connection with the awarding of any federal/state contract, the making of any federal/state grant, the making of any federal/state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal/state contract, grant, loan, or cooperative agreement; and
2. If any non-federal/state funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress or the Texas Legislature, an officer or employee of Congress or the Texas Legislature, or an employee of a member of Congress or the Texas Legislature in connection with this federal/state contract, grant, loan, or cooperative agreement, the undersigned shall contact the Grants Coordinator of the Office of the Attorney General for the "Disclosure Form to Report Lobbying."

**I certify that to the best of my knowledge and belief:**

- I. The applicant certifies that it will provide a drug-free workplace by:
  - A. Publishing a statement notifying employees/assignees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
  - B. Establishing a drug-free awareness program to inform employees/assignees about:
    1. The dangers of drug abuse in the workplace;
    2. The applicant's policy of maintaining a drug-free workplace;
    3. Any available drug counseling, rehabilitation, and employee assistance programs; and
    4. The penalties that may be imposed upon employees/assignees for drug abuse violations.
  - C. Making it a requirement that each employee/assignee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (A).
  - D. Notifying the employee/assignee in the statement required by paragraph (A) that, as a condition employment/assignment under the grant, the employees/assignee will:
    1. Abide by the terms of the statement, and
    2. Notify the applicant agency and Grants Coordinator for the Office of the Attorney General of any criminal drug statute conviction for a violation occurring in the workplace not later than five days after such conviction.
  - E. Notifying the agency within ten days after receiving notice under subparagraph (D)(2) from an employee/assignee or otherwise receiving actual notice of such conviction.
  - F. Taking one of the following actions with respect to any employee/assignee so convicted:
    1. Taking appropriate personnel action with respect to any employee/assignee so convicted;
    2. requiring such employee/assignee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.
  - G. Making a good faith effort to continue to maintain a drug-free workplace through the implementation of paragraphs (A), (B), (C), (D), (E), and (F).

**I certify to the best of my knowledge and belief that one of the following applicable requirements will be met:**

1. The applicant agency currently expends combined federal/state funding of \$500,000 or more, and, therefore, is required to submit an annual single audit by an independent auditor made in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133.
2. The applicant agency currently expends combined state funding of \$500,000 or more, and, therefore, is required to submit an annual single audit by an independent auditor made in accordance with the Uniform Grant Management Standards (UGMS).
3. The applicant agency currently expends no federal/state funding or combined federal/state funding of less than \$500,000 and therefore is exempt from the Single Audit Act and cannot charge audit costs to an OVAG AND VCLG grant. I understand, however, that OAG may require a limited scope audit as defined in OMB Circular A-133.

**If this application is for funds in excess of \$25,000, I certify the following:**

By submission of this proposal, that neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or state agency.

**If I am unable to certify the above statement I have attached an explanation to his application.**

**I certify that to the best of my knowledge and belief:**

That the applicant entity will follow the guidelines in the Uniform Grant Management Standards (UGMS) as required for all governmental entities. Both governmental entities as well as non-profit entities are required to follow all UGMS guidelines.

**COMPREHENSIVE CERTIFICATION FORM CON'T.**

**I certify that to the best of my knowledge and belief:**

**The applicant entity will follow all of the following assurances.**

The Applicant hereby assures and certifies compliance with all Federal/state statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 123 72 and Uniform Administrative Requirements for Grants and Cooperative Agreements-28 CFR, Part 66, Common Rule, that govern the application, acceptance and use of Federal/state funds for this federally/state-assisted project. Also the Applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all under-standings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 RL. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal/state and federally/state-assisted programs.
3. It will comply with provisions of Federal and/or state law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal and/or state grants. (5 USC 1501, et seq.)
4. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or give the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency or the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Office of the Attorney General or by a sponsoring Federal agency, if applicable, concerning special requirements of law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed in the Environmental protection Agency's (EPA-list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that had been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal financial assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal and/or state grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1, et seq.) by (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal and/or state grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal and/or state grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply, and assure the compliance of all its subgrantees and contractors, with the applicable provisions of Title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, the Juvenile Justice and Delinquency Prevention Act, or the Victims of Crime Act, as appropriate; the provisions of the current edition of the Office of Justice Programs Financial Guide; and all other applicable Federal and/or state laws, orders, circulars, or regulations.
12. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Administrative Review Procedure; Part 20, Criminal Justice Information Systems; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 23, Criminal Intelligence Systems Operating Policies; Part 30, Intergovernmental Review of Department of Justice Programs and Activities; Part 42, Nondiscrimination/ Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
13. It will comply, and all its contractors will comply, with the nondiscrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 USC 3789(d), or Victims of Crime Act (as appropriate); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans With Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Justice Non-Discrimination Regulations, 28 CFR Part 42, Subparts C, D, E, and G; and Department of Justice regulations on disability discrimination, 28 CFR Part 35 and Part 39.
14. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, Office of Justice Programs.

**COMPREHENSIVE CERTIFICATION FORM CON'T.**

## **Nonprocurement Debarment Certification**

### **LISTS OF PARTIES EXCLUDED FROM FEDERAL PROCUREMENT OR NONPROCUREMENT PROGRAMS**

The Lists of Parties Excluded from Federal Procurement or Nonprocurement Programs, issued monthly, identifies those parties excluded throughout the U.S. Government (unless otherwise noted) from receiving Federal contracts or federally approved subcontracts and from certain types of Federal financial and nonfinancial assistance and benefits.

The Lists of Parties Excluded from Federal Procurement or Nonprocurement Programs supersedes the Consolidated List of Debarred, Suspended, and Ineligible Contractors. The new Lists of Parties incorporates all listings of the superseded Consolidated List and has a new, additional section, Parties Excluded from Nonprocurement Programs. It is maintained by the U.S. General Services Administration (GSA) for the use of Federal agencies and others involved in Federal programs and activities. The Lists of Parties is structured in accordance with a recommendation from the Interagency Committee on Debarment and Suspension.

#### **Purpose of List of Parties**

The functions of the two sections of the Lists of Parties are distinct and are explained below.

The first section, Parties Excluded from Procurement Programs, lists contractors that are excluded government-wide, unless otherwise noted, from Federal procurement and/or sales programs. Such an exclusion may be based on the administrative debarment or suspension of a contractor by an agency in accordance with Federal Acquisition Regulation (FAR) 9.4, Federal Property Management Regulations (FPMR) 101-45.6, Government Printing Office (GPO) Instructions 110.11A, or U.S. Postal Service (PS) Publication 41. An exclusion may also be the result of action by a Federal agency under the authority of a statute, executive order, or regulation applying to procurement programs.

The second section, Parties Excluded from Nonprocurement Programs, lists person (individuals and entities) excluded government-wide, unless otherwise noted, from certain types of Federal financial and non-financial assistance and benefits. An exclusion may be based on an administrative debarment or suspension by any Federal agency or the voluntary exclusion of a person under agency regulations implementing Executive Order 12549. Parties Excluded from Nonprocurement Programs also includes actions under the authority of a statute, another executive order, or a regulation applying to nonprocurement programs.

For either section, the treatment to be accorded to a party listed depends on the type of exclusionary action and the authority under which the action was taken. The cause for the exclusion and the treatment of the party excluded are noted by a code in the listing. These codes are explained under the heading "Cause and Treatment Codes" for the Parties Excluded from Procurement Programs and the Parties Excluded from Nonprocurement Programs.

A user of the List of Parties should refer to the appropriate cause and treatment code explanation before determining a listed party's status.

#### **How To Obtain Copies**

Federal agencies may purchase annual bulk subscriptions to the Lists of Parties at cost from the U.S. Government Printing Office. Agencies should arrange for their own internal distribution. The agency contracts under the heading "For Additional Information" are aware of the procedures for purchasing and distributing subscription copies.

Nonfederal persons or organizations interested in obtaining subscriptions to the Lists of Parties should contact the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. The telephone number is (202) 783-3238 on commercial lines or 783-3238 on the FTS (Federal Communications System).

#### **Electronic Supplement**

A weekly supplement to the Lists of Parties is available on GSA's Information Resources Center electronic bulletin board. When using the latest issue of the publication, the electronic supplement will provide up-to-date information on excluded parties.

To use the electronic bulletin board, you must have access to an asynchronous, ASCII terminal (e.g., a word processor or a microcomputer) equipped with communications software and a "modem" or "coupler." A modem is a device that permits signals from the terminal to be sent across the telephone lines. Users can access the bulletin board using AUTOVAN, FTS, or commercial lines. The telephone numbers are:

FTS	300 baud 535-8308
	1200 baud 535-7661
	2400 baud 786-9014

AUTOVAN	300 baud 294-0524
	1200 baud 294-0521

COMMERCIAL	300 baud (202) 535-8308
	1200 baud (202) 535-7661
	2400 baud (202) 786-9014

For further information on how to access the electronic bulletin board, call Mrs. Juan L. Smith at (FTS/202) 523-4873.

#### **Telephone Inquiry Service:**

A telephone-inquiry answering service is available in GSA's Office of Acquisition Policy for general questions about entries in the List of Parties. The number to call either during or after normal business hours is (FTS202) 786-0688. Your call will be recorded and answered either the same day or the following working day.



## **COMPREHENSIVE CERTIFICATION FORM CON'T.**

Prior to the release of funds by OVAG and VCLG for grants, your agency/program must review, sign, and return to the Office of the Attorney General the attached OJP Form 4061/1-Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion, Lower Tier Covered Transactions.<sup>1</sup> The form must be signed by the Authorized Official designated in the grant.

The U.S. Attorney General Order No. 1271-88, published in the Federal Register, Volume 53, No. 102, May 26, 1988, announced the adoption of a government-wide uniform system on Nonprocurement Debarment and Suspension that will be applicable to the nonprocurement assistance activities of the offices, bureaus, and divisions of the Department of Justice which have grant-making authority.<sup>2</sup> All agencies/organizations receiving federal funds from OVAG AND VCLG in the amount of \$25,000, or more, must complete OJP Form 4061/1 (9/88) which certifies that neither the agency/organization or its officers are debarred, suspended, ineligible, or are voluntarily excluded from receiving federal funds before entering into a financial agreement (i.e., grants and contracts).<sup>3</sup> In addition, any organization contracting for goods and/or services of \$25,000 or more (federal funds) must secure the same certification from the prospective contractor. The latter certifications must accompany the contract which, by requirement, is sent to OAG for approval.

Agencies/organizations must base their certification upon a review of the monthly publication "Lists of Parties Excluded from Federal Procurement or Nonprocurement Programs" and the weekly supplements to that issued prepared by the U.S. General Services Administration, to confirm that the agency/organization or its officers are not ineligible. Attached is an information sheet that explains the "List of Parties . . ." and how to obtain it.

### **INSTRUCTIONS FOR NONPROCUREMENT DEBARMENT CERTIFICATION**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.

5. The prospective lower tier participant agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause title "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principal. Each participant may check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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<sup>1</sup>Lower Tier Covered Transactions may be interpreted as any grant or contract transaction of \$25,000 or more at the state or lower level.

<sup>2</sup>Nonprocurement may be interpreted as any form of grant or contract having the principal purpose of assistance activities, rather than federal procurement activities.

<sup>3</sup>Agency/organizations may be interpreted as the entity in whose name the grant or contract is awarded. Officers of the agency/organization may be interpreted as any of the following persons who will have critical influence on or substantive control over that transaction (i.e., grant or contract): members of governing boards, directors, other employees, and consultants. Participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including

# COMPREHENSIVE CERTIFICATION FORM CON'T.

Joyce Wilson  
Name of Authorized Signator

City Manager  
Title of Authorized Signator

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

EL PASO POLICE DEPARTMENT  
Name of Organization

Approved as to form:

  
Ernesto Rodriguez, Asst. City Attorney

## ASSURANCE OF AUDIT FORM

I certify that the

**EL PASO POLICE DEPARTMENT**

(agency name)

will provide an audit of the complete program and/or organization and management letter of the audit findings within nine months of the end of the fiscal year of the agency. An annual audit is a requirement for this grant with no exemptions. The audit will meet Office of Management and Budget (OMB) Circular A-133 and Uniform Grant Management Standards (UGMS) requirements.

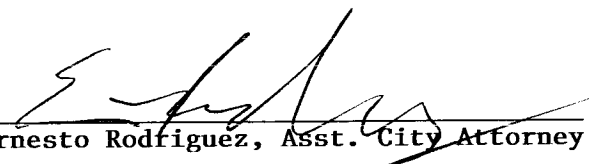
SIGNATURE OF AUTHORIZED OFFICIAL

City Manager

TITLE

DATE

Approved as to form:

  
Ernesto Rodriguez, Asst. City Attorney

**Attachment – A**  
Job Descriptions

## Attachment "A"

### Scope of Duties

#### Crime Victim Services Supervisor

Under general supervision of the Victim Support Services Unit, the employee shall:

- Supervise assigned personnel. Schedule, assign, instruct in, guide, check and evaluate work. Arrange for or engage in employee training and development. Enforce personnel rules and regulations, standard of conduct, work attendance, and safe work practices. Counsel, motivate and maintain harmonious working relationships among subordinates. Recommend staffing and employee status changes. Interview applicants.
- Keep abreast of pertinent trends and practices. Develop, administer and revise standards, procedures and policies. Collect, maintain and analyze relevant statistical data. Conduct needs assessment of participants, members and the community.
- Collaborate on program interrelated activities with other agencies to include the Office of the Attorney General, departments, and service providers to ensure optimum program efficiency and effectiveness.
- Conduct community presentations on domestic violence, crime victim rights, and crime victim's compensation.
- Assign cases of domestic violence and other crimes to case managers on a daily basis utilizing police department communication tools.
- Contact victims of crime about their statutory rights within the criminal justice system either at the crime scene or through contact letters per Article 56.04 (d) of the Texas Code of Criminal Procedure.
- Assist victims of violent crime in receiving information regarding compensation either at the crime scene or through contact letters
- Assist victims of violent crime who have applied for compensation; maintain statistics as required by granting agency; prepare statistical reports as required by granting agency
- Coordinative activities of victim services volunteers

## Cooperative Working Agreements

Agency Name	Contact Person	Position	Phone Number
Center Against Family Violence	Gloria A. Terry	Executive Director	593-7300
West Texas Community Supervision & Corrections Dept	Stephen L. Enders	Director	546-8120
Family Services of El Paso	Richard Salcido	Executive Director	533-2491
El Paso County Sheriff's Office	Gilbert Pinon	Captain	546-2217
Sexual Trauma and assault Response (STARS)	L. Suarez-Call	Program Director	779-1800
District Attorney's Office - Domestic Violence Unit	Sally Carter	Domestic Violence Attorney	546-2091
District Attorney's Office - Victim's Assistance Program	Dinna Spencer	Director	546-2091
Diocesan Migrant & Refugee Services	Ouisa D. Davis	Executive Director	532-3975
Adult Protective Services	Patrick Turley	Regional Director	834-5743
Advocacy Center for the Children of El Paso	Susan H. Oliva	Executive Director	545-5400
Rio Grande Council of Governments	Barbara Kauffman	Executive Director	533-0998
Office of the Attorney General	Susan Hass Hatch	Regional Coordinator	834-5815
County Attorney's Office, El Paso County	Jose Rodriguez	El Paso County Attorney	546-2050

# COOPERATIVE WORKING AGREEMENT

OFFICE OF THE GOVERNOR  
CRIMINAL JUSTICE DIVISION  
P.O. BOX 12428  
AUSTIN, TEXAS 78711  
512/463-1919  
FAX: 512/475-2440

WWW.GOVERNOR.STATE.TX.US

This is to certify that the objectives of the grant application submitted to the Criminal Justice Division of the Office of the Governor have been reviewed and that it is mutually agreed to cooperate to whatever extent is necessary in carrying out the objectives described in this application.

In addition, if the outside organization has personnel assigned to the grant-funded project, that agency certifies that it is cognizant of the rules and regulations governing the operation of the grant and agrees to abide by any and all such rules or special conditions relating to the application.

## PART I: APPLICANT ORGANIZATION

City of El Paso – El Paso Police  
Department

Applicant's Organization

Victim Services Response Team

Project Title

Joe Wardy, Mayor

Printed Name and Title of Applicant's Authorized  
Official

Signature of the Applicant's Authorized Official

Date

## PART II: OUTSIDE ORGANIZATION

District Attorney's Office  
Outside Organization

VICTIMS' ASSISTANCE  
Project Title

Dinna Spencer  
Printed Name and Title of Outside Organization's  
Authorized Official

D. Spencer  
Signature of the Outside Organization's  
Authorized Official

1-11-05  
Date

Approved as to form:

[Signature]

Ernesto Rodriguez, Ass't. City Attorney